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## House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. WEBSTER).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
June 19, 2012.

I hereby appoint the Honorable DANIEL WEBSTER to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,  
*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 17, 2012, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

### HONORING HEALTH CARE PROFESSIONALS WHO PROVIDE HOSPICE CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, today on Capitol Hill there are hundreds of nurses, chaplains and social workers, the people who deliver hospice care at the bedside, here to promote an honest discussion and careful analysis of how to help individuals and their families grapple with the final chapter of life. It may be the hardest issue in

health care, and the fear that it invokes can be a powerful weapon.

For most of us, the majority of health care we receive in our lifetime will be administered in those last few months. It's when we need the most doctors and nursing care, medical procedures and oftentimes in hospitals.

But we know from scientific studies that when patients are educated about their treatment options, they make decisions that are not only aligned with their personal preferences, but shared decision-making relieves stress and anxiety. Ironically, sometimes getting less intensive help, like in a hospice, not only improves the quality of life, these patients, many of them actually live longer.

From a public policy perspective, it's perverse that Medicare will pay for almost any medical procedure, yet not reimburse doctors to have a thoughtful conversation to prepare patients and their families for the delicate, complex, and emotionally demanding decisions surrounding the end of life.

That's why I sought to direct Medicare, in the Affordable Care Act, to cover a voluntary discussion with the doctor about living wills, power of attorney, and end-of-life preferences. Helping patients and their families clarify what they want and need should be an element of any rational, comprehensive health care system.

Despite our recent history, it's also a rare common denominator in health care politics because it's something that most people actually agree on. In fact, the majority of my Republican colleagues supported a similar provision for terminally ill elderly patients that was part of the 2003 prescription drug bill.

I had a friend of mine, a Republican cardiovascular surgeon here in the House, who told me he had many end-of-life conversations; but, unfortunately, they were often too late. He wished he could have spoken to pa-

tients and their families when they could have properly reflected, not just when the surgery was merely hours away.

During the early debates on the Affordable Care Act, I was confident that this was an area where we were making a contribution to improve the quality of health care, but it actually might be something that would bring us together because of the shared agreement. But, unfortunately, battle lines were drawn; and you know how the rest of that story went: death panels, rationing, forced consultation with government-appointed physicians.

In war, truth is the first casualty. The same goes for politics. As a country, we have a difficult time talking rationally and thoughtfully about end-of-life issues. That's why it's so important that we have these dedicated people on Capitol Hill today—the nurses, the hospice workers, the social workers—to have this thoughtful conversation from people who do it every day. Their work to help patients and families can help Congress understand that the work is not finished.

I urge my colleagues to take a look at the Personalize Your Health Care Act, H.R. 1589. Join me in making sure that the Federal Government is a better partner in helping families prepare for this difficult chapter.

### HONORING THE LIFE OF SERGEANT TOM BAGOSY

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. JONES) for 5 minutes.

Mr. JONES. Mr. Speaker, today, a number of us are rising to commemorate an individual out of the now more than 2,000 who have lost their lives during Operation Enduring Freedom. I would like to submit, for the RECORD, 11 names of brave servicemembers who were recently killed in Afghanistan.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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